

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: UL000017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2008
NAME OF PROVIDER OR SUPPLIER UNLICENSED AT 2846 KENTUCKY AVENUE			STREET ADDRESS, CITY, STATE, ZIP CODE 2846 KENTUCKY AVENUE BALTIMORE, MD 21213		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>On August 12, 2008, an unannounced complaint investigation was made to the above named facility for the purpose of determining the facility's compliance with COMAR 10.07.14. Survey activities included interview of staff and observation of the environment.</p> <p>The facility's census at the time of the survey was 0 residents.</p> <p>Based on survey findings, in relation only to the allegation of operating an unlicensed assisted living facility, the facility was found to be in compliance with COMAR 10.07.14, the regulations governing assisted living programs.</p>	Z 000			

OHCQ

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE